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\2 <i>K!</i>	!		or	Fax	(571) 273-2885						
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575 MADISON A	IIN ROSENMAN I VENUE	LLP			Ce I hereby certify that t	rtificate of Ma his Fee(s) Tran	iling ar Tran Ismittal is beir	ismissio se deno	on wited with the Thite		
1/17/2006 YBESHAHZ 00000	· · · · · · · · · · · · · · · · · · ·	66			States Postal Service addressed to the Ma	with sufficient il Stop ISSUE	postage for fi FEE addres	rst class	s mail in an envelop		
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					Japuary 13	2086			(Date		
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	тор	ATTORNEY	DOCKET NO.	CO	NFIRMATION NO.		
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TITLE OF INVENTION: W	TITLE OF INVENTION: WIRELESS SYSTEM FOR MEASURING PR			ESSURE AND FLOW IN TUBES		(101594-00060)					
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EXAMINER ART		ART UN	пт	a.	ASS-SUBCLASS]					
OEN, WI	OHN, WILLIAM L 285			5 073–146500							
1. Change of correspondence	address or indication of "F	'ee Address" (37	2. For prin	ting on t	he patent front page, li	ist	Vanna 1	<u></u>			
CFR 1.363). Change of correspond	Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Rosenman LLP							
Address form PTO/SB/12	Address form PTO/SB/122) attached.				(2) the using of a single firm (having as a marcher a 2						
PTO/SB/47; Rev 03-02 of Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
3. ASSIGNEE NAME AND						***		-			
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Please check the appropriate	assignce category or catego	ries (will not be pri	inted on the p	atent) :	☐ Individual ☐ C	orporation or o	ther private gr	oup ent	ity 🗆 Governmen		
4a. The following fee(s) are	mclosed:	4b	. Payment of	Fcc(s);			 -				
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Advance of our - Well	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501250 (enclose an extra copy of this form).										
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	is required by 37 CFR 1.3	11. The information	a is required t	o obtain	_		h is to file (an	d by the	USPTO to process		
This collection of information an application. Confidentialit submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1	y is governed by 35 U.S.C. dication form to the USPT for reducing this burden, shis 22313–1450. DO NOT (122 and 37 CFR 1 O. Time will vary a could be sent to the SEND FEES OR C	.14. This coll depending up Chief Inform OMPLETED	cction is on the in lation Of FORMS	estimated to take 12 a dividual case. Any co ficer, U.S. Patent and TO THIS ADDRESS	minutes to com mments on the Trademark Off S. SEND TO: C	plete, including amount of the control of the contr	ig gathe me you arement for Pare	ning, preparing, and require to complete of Commerce, P.O. ants, P.O. Box 1450,		
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